HIV Prevention Intervention

Aggregate Outreach Report Form

- 1. Please complete one form for each session or event.
- 2. Attach a Session Activity Form describing delivery methods and activities for this event.

Agency Name:

Intervention Name:

	Interve	ntion Event/Session Re	cord	
Incentive Provided (Yes/No)	Date of Event/Session	Duration of Event/Session (minutes)	Number of Client Contacts	Incentive Provided
O yes O no				
Location of Sess Event (\$	sion/Site of Site Name):			

Worker name (s):

Primary HIV Risk	Count
Men who Have Sex with Men (MSM)	
Injection Drug Users (IDU)	
MSM/IDU	
Sex Involving Transgender	
Heterosexual Contact	
Other/Risk Not Identified	

Gender	Count
Male	
Female	
Transgender – Male to Female	
Transgender – Female to Male	

Race	Count
American Indian or Alaskan Native	
Asian	
Black or African American	
Native Hawaiian or Pacific Islander	
White	
Multiracial	
Ethnicity	Count
Hispanic or Latino	
Not Hispanic or Latino	

13-18 years	
19-24 years	
25-34 years	
35-44 years	
45 years or over	
Client HIV Status	Count
Positive	
Negative	
Unknown	
Distribution of Motorial(a)	Carret
Distribution of Material(s)	Count
Bleach or Safer Injection Kit	Count
, ,	Count
Bleach or Safer Injection Kit	Count
Bleach or Safer Injection Kit Education Material	Count
Bleach or Safer Injection Kit Education Material Female Condom	Count
Bleach or Safer Injection Kit Education Material Female Condom Male Condom	Count
Bleach or Safer Injection Kit Education Material Female Condom Male Condom Referral Lists	Count
Bleach or Safer Injection Kit Education Material Female Condom Male Condom Referral Lists Role Model Stories	Count
Bleach or Safer Injection Kit Education Material Female Condom Male Condom Referral Lists Role Model Stories Safer Sex Kits	Count
Bleach or Safer Injection Kit Education Material Female Condom Male Condom Referral Lists Role Model Stories Safer Sex Kits	Count

Age Group

Under 13 years

Count